



Seeking Help From Everyone and No-One: Conceptualizing the Online Help-Seeking Process Among Adolescent Males

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Seeking help from everyone and no-one: Conceptualising the online help-seeking process among adolescent males

Abstract

Online help-seeking is an emerging trend within the 21st century. Yet despite some movement towards developing online services, little is known about how young people locate, access and receive support online. This study aims to conceptualise the process of online help-seeking among adolescent males. Modified photo-elicitation techniques were employed within eight semi-structured focus group sessions with adolescent males aged 14 – 15 years (n= 56) across seven schools in Northern Ireland. Thematic analyses was conducted within an ontological framework of critical realism and an epistemological framework of contextualism. Informal online help-seeking pathways increased opportunity for social support and reduced stigma but also included loss of control and reduced anonymity. Formal pathways offered increased anonymity but concerns were raised regarding participants' ability to locate and appraise the quality of information online. A conceptual model of online help-seeking has been developed to highlight the key help seeking pathways taken by adolescent males.

Key Words: mental health and illness; health behavior; men's health, health seeking; internet

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Introduction

It has been estimated that as much as 4.5% of all internet searches are for health information (Morahan-Martin, 2004), accounting for approximately 1 out of every 20 search queries on Google (The Google Corporation, 2015). This activity has become part of an overall societal trend towards so-called ehealth and mhealth (mobile) and is particularly popular amongst young people who account for a third of all internet users (Jorm et al. 2012; Kauer, Mangan and Sanchi, 2014; Livingstone, Haddon, Görzig and Ólafsson, 2015). However, the internet is no longer a source of information only, but also a medium for service delivery. Online health provision has empowered individuals to take control over the nature and extent of health advice in order to become fully informed about their symptoms, diagnosis and treatment. Because of the advantages of anonymity, accessibility and user control, it has been argued that online internet services offer specific benefits over offline services for people who experience stigmatising illnesses, such as mental ill-health (Berger, Wagner and Baker, 2005; Best, Manktelow and Taylor, 2014).

A recent phenomenon has been the widespread proliferation of interactive health resources (chat-based websites, mobile apps, etc.) offering health information and treatment advice. However, there are fears that the evidence on which many of these services have been developed is not robust enough (Hollis et al. 2015). There is an urgent need to understand the online help-seeking process so that effective and targeted online services can be developed. This paper aims to conceptualise the process of online help-seeking by exploring how vulnerable groups locate and

access support online. Adolescent males have been identified as an appropriate population for online support given the emotional complexity and inherent vulnerability surrounding male mental health (Affleck, Glass and MacDonald, 2013). In order to capture the experiences of this group, the authors used photo-elicitation and vignettes to explore online help-seeking further within a group setting.

Literature Review and Theoretical Perspectives

Male Mental Health

The total economic and social cost of mental ill-health in Northern Ireland has been estimated to be £2.8 billion per annum (Centre for Mental Health, 2010). Mental ill-health exacts an even greater burden in terms of the impact of the condition on the quality of life of people with mental health problems and their families and communities. One population considered at significant mental health risk is young males, as evidenced through the rising number of suicides by young men within Northern Ireland over the past decade. While on average the male suicide rate is three times higher than the rate for females (Northern Ireland Statistics and Research Agency, 2013), official statistics show that depression (a significant suicidal risk factor) is three times more likely to be reported by women. One possible explanation for this disparity may be the greater willingness to seek help with emotional distress amongst young women compared to young men. Pilgrim and Rogers (1999) noted that “reported rates of symptoms...may not be due to greater incidence of mental disorder...but a reflection of women’s greater propensity to be disclosing about their problems” (p. 49). Drawing upon Connell’s (1995) work regarding *hegemonic* masculinity (i.e. self-reliant and strong) one can begin to conceptualise the process through which males are socially prohibited from

disclosing mental ill-health to others. This is supported through longitudinal work by Harland and McCready (2012) who highlighted the pressures of masculinity as negatively impacting on the help seeking behaviors of young males. Delays in help-seeking by young males are of interest due to growing concerns regarding their general mental health and the potential appeal of online technologies to address this issue (Campbell, Rondon, Leavey and Galway 2013; Merikangas, Nakamura, Kessler, 2011).

Recent evidence is beginning to show a preference among people experiencing mental ill-health for online services as a freely accessible, anonymous and stigma-reducing alternative to traditional services (Burns and Birrell, 2014; Clarke, Kuosmanen and Barry, 2015). Using online services may provide adolescent males with a method to obtain support without a perceived undermining of their sense of masculinity. However, concerns have been raised about the quality of online mental health information and the paucity of involvement by mental health professionals (Hartzband and Groopman, 2010; Rickwood, Mazzer and Telford, 2015). Rickwood et al. (2015) emphasise that young people should be guided through the online process, and yet studies of the observed online help-seeking behaviors of young people remain for the most part absent from the literature.

Health Literacy and Digital Wisdom

Health literacy, or in this case mental health literacy, is described as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (Jorm, 2000, p. 396). A systematic review by Berkman et al. (2011) showed lower health literacy has been consistently linked with a number of poorer health outcomes, such as greater use of emergency care, increased hospitalisation

and poorer ability to interpret health information. Mental health literacy can be broken down into six key areas: (1) recognition; (2) knowledge regarding risk factors; (3) knowledge regarding self-help; (4) knowledge regarding professional help; (5) attitudes which facilitate help-seeking; (6) knowledge of how to seek mental health information (Jorm, 2000, p. 396)

While traditional masculinised attitudes inhibit help-seeking, individual knowledge and ability to recognise mental health problems and understand appropriate treatment options is also an important influence. Indeed, recent cross-sectional research by Bradford and Rickwood (2014) identified poor mental health literacy as a barrier to help-seeking. Consequently, simply developing further services online may be ineffective in encouraging both help-seeking practices and general well-being across this population.

Work by Mark Prensky (one of the original scholars on digital natives and digital immigrants) has postulated a narrowing of the digital divide and proposed the concept of digital wisdom (Prensky, 2009). Skiba (2010) noted that "digital wisdom does not just focus on one's ability to easily use or even creatively use technology. It is all about making wiser decisions because one uses technological enhancements" (p. 251). In essence, digital wisdom is about using technology to enhance decision making - a skill which, it is argued, young people (i.e. digital natives) are yet to fully develop. This is broadly similar to eHealth literacy which relates to one's ability to locate, appraise and apply knowledge gained from electronic resources for health purposes (Norman and Skinner, 2006). Applying these concepts, one could surmise that effective online help-seeking is a product of mental health literacy and digital wisdom. While young people are accustomed to using online technologies and (at

least on a surface level) are aware of their functions and features, this familiarity does not denote digital wisdom.

Aims and objectives

This paper aims to conceptualise the process of online help-seeking by exploring how adolescent males locate and access support online. The following objectives have been identified:

- To understand the real world context of online help-seeking using the experiences of a group of adolescent males in Northern Ireland
- To use photo-elicitation techniques to promote disclosure and facilitate discussion
- To develop a conceptual framework of understanding regarding the online help-seeking process of adolescent males

Methods

Recruitment

Focus group interviews were conducted as part of a larger study and ethical approval was granted by Ulster University's Research Ethics Committee (REC/12/0199). A cluster based sampling strategy (by school) was employed resulting in the recruitment of seven schools within Northern Ireland (NI). Schools are "best placed to reach all children, irrespective of socio-economic status and other forms of inequality" (Livingstone et al. 2011, p. 23). Nonetheless, other factors were considered, such as (1) education level (secondary/grammar); and (2) gender composition (single gender or co-educational). One large school-based study in NI reported higher levels of self-harm among secondary school pupils as compared with

grammar school pupils, indicating a possible association with mental well-being (O'Connor, Ramussen and Hawton, 2010). A meta-analysis by Schwarzer and Leppin (1989, p. 101) highlighted that the presence of women within support networks may facilitate coping with stress as women are regarded as being more supportive than men. Further to this, it has been argued that “men engage in more intimate self-disclosure in their cross-sex friendships than in their same sex friendships” (Reis and Sprecher, 2009, p. 739). Therefore, it was considered that males who have greater contact with members of the opposite sex may have differing help-seeking behaviors and opportunities. School attendance within NI is mandatory until the age of 16, increasing the likelihood of a representative group (The Education and Libraries (NI) Order, 1986).

As each school year group differed in both class size and composition the researcher endeavoured to randomly select at least one pupil from each class using attendance registers within each school and assigning a code beside each name. Teacher input was required during this process to ensure hidden internal conflicts between pupils were not a factor during group sessions. It was also stressed to school officials the importance of having a range of mixed ability children for the focus groups to achieve a sample representative of the school population.

Data collection

Eight semi-structured focus group sessions took place across participating schools in 2014, each involving 6 – 8 participants (total n= 56) aged 14 – 15. Each group session lasted 45 - 60 minutes. Focus groups allow for in-depth exploration(s) of various sensitivities and idiosyncrasies. The interactive component of focus groups

provides a richer environment in which to explore online social interactions and experiences (Creswell, 2007).

A topic guide was developed which included the following, (1) online vs. offline help-seeking; (2) use of social networking sites to seek help; (3) role of online and offline friends; and (4) positive and negative aspects of online help-seeking. Written pupil and parental consent was gained prior to focus group sessions and participants were chosen in partnership with the designated school pastoral officer. The focus group sessions took place in two main areas, namely the school assembly hall and the library, with a designated teacher remaining present throughout. This agreement ensured that appropriate safeguarding measures were in place (presence of a teacher) while allowing participants to speak openly (the teacher could be positioned at the other side of the room and unable hear the discussion). Research team roles were defined early, with the lead author present during all of the interviews. Other team members assisted with data analysis and synthesis as well as ensuring certain quality criteria were met or considered (see Santiago-Delefosse et al. 2016).

Research Instruments

Male “irreverence toward self-health, avoidance of doctors, and reluctance to admit, let alone talk about, illness has been well documented” (Olfiffe and Bottorff, 2007, p. 852). As such, it was considered that adolescent males may be reluctant to engage emotively with a topic that could potentially emasculate them in front of their peers. Recognising this confounder, the research team introduced a modified photo-elicitation (PE) technique as well as written vignettes to facilitate discussion on the topic. At its simplest PE involves “inserting a photograph into a research interview” (Harper, 2002, p. 13). Participants were shown four A4-sized cards displaying logos

and homepage screen shots from the websites of four health organisations (i.e. Samaritans, Childline, NHS Direct and Cancer Research UK). These cards remained on the table for the entire length of the interview. While sections within the topic guide were developed to draw attention towards these cards, participants were able to use these materials to introduce a topic or as an aid to illustrate their point. The main purpose of this approach was to facilitate self-disclosure while at the same time providing a refuge should the discussion become uncomfortable. For example, photo cards containing these homepage screenshots may have included information or statistics on issues, such as suicide, child abuse or cancer. This enabled participants to discuss how they might seek help for these issues without the need for personal disclosure. Participants had the ability and opportunity to project, providing a much needed safety net when discussing issues related to help-seeking. For this reason, PE has been recognised as a useful approach when conducting health research with males (Affleck et al. 2013; Oliffe and Bottorff, 2007). A written vignette (John's story) was also developed as a supplementary tool and was only introduced if the PE techniques failed to generate sufficient discussion. While vignettes have shown to be useful for discussing sensitive topics (Jenkins et al. 2010), the research team were aware that "asking about what a third party ought to do in a given situation is not the same thing as asking respondents what they themselves think they ought to do" (Finch, 1987, p.113). John's story involved scenario based questions surrounding help-seeking dilemmas and the choices between online and offline resources.

Data Analysis

The focus group data were audio-recorded and transcribed at a semantic level utilising an orthographic or verbatim style (Braun and Clarke, 2013). Transcripts were checked for accuracy before being uploaded into QSR's NVivo 10 software

package. Data were anonymised during the transcription process and stored within a secured University computer. These were then analysed using thematic analysis (TA) (Braun and Clarke, 2006). TA involves the identification and interpretation of patterns of recurrent features across a dataset which are conceptualised as themes (Braun and Clarke, 2013). One of the main strengths of TA is that it is a flexible method in that it does not ascribe to any particular methodological underpinnings. As such, Braun and Clarke (2006) argue that it is good practice to outline the theoretical framework that underpins analysis using this method in order that any assumptions about the nature of the data and what they represent are transparent. This TA was therefore conducted within an ontological framework of critical realism and with an epistemological framework of contextualism. This position acknowledges that our understanding of the world and the experience, meanings and reality of our participants can only ever be partial at best due to the influence of social and contextual factors upon the knowledge and findings derived from the analysis. So while the resultant analysis of participants accounts is accepted as reflecting some sort of underlying 'truth' or 'reality', this position also makes the assumption that this knowledge is not necessarily objective, as the findings from the current study will always be related to the context in which they are produced (Braun and Clarke, 2013). TA was used inductively so that the analysis was both led by and reflective of the content of the data as opposed to being steered by pre-existing theoretical concepts (Braun, Clarke and Rance, 2015). As a result of this, the coding and analysis were primarily at a semantic level, with participants' words taken at face value in order that the TA captured meanings that were explicitly stated in the data and developed a detailed descriptive account (Braun and Clarke, 2013; Braun, Clarke and Rance, 2015).

As per Braun and Clarke (2006; 2013), the transcripts were read and re-read a number of times in order to start the process of familiarisation with the data. This process involved three members of the research team from three different institutions. Free-form notes were made recording initial impressions and noting aspects of the accounts that were potentially interesting. The next stage was to systematically code the entire dataset using an inductive and bottom up approach. Codes were generated with the aim of providing a succinct summary of elements of analytic interest in the data on both a descriptive or semantic and more latent and interpretative level where possible. Once coded, the next step was identifying potential themes from the codes based on clusters of similar meaning and patterns of responses across codes and therefore the dataset. At this point the data relevant to each theme were also collated. On completion of this stage, the data were systematically reviewed to ensure the coherence of themes and also that they were sufficiently represented in the data. A structure was agreed for the preliminary analysis and a written narrative account was generated during which themes were developed and refined. A fourth member of the research team supervised this process, reducing the likelihood of selectivity and researcher bias.

Findings

The thematic analysis of the focus group data yielded two master themes which are illustrated below: *Search strategies* and *Pathways for help seeking*.

Theme one: Search strategies

This theme features the strategies that participants employ to search for mental health (MH) information online and evaluate its quality. The main method of retrieving health information was via text-based queries using search engines or social networking sites, rather than directly accessing *known* health websites as per the stimuli. Group members expressed preferences regarding search strategies and the data indicate a reliance on platforms such as Google to direct individuals towards appropriate resources. This is illustrated in the following exchange from Focus Group 6:

Researcher: 'And if you were going online to find out about a personal problem, how would you go about that?'

'Probably Google' (FG6)

'Google, anything you need you just type into Google' (FG6)

'You probably get the most options to help on Google' (FG6)

This highlights that Google is familiar and easy to use for participants, thus offering immediacy when searching.

The young men expressed feeling pressure to adhere to strict, stereotypical gender roles (*"Stereotypically we are the tough ones...so you know we're trying to look cool"*, FG 1). They depict these as constraining their freedom of expression and inhibiting problem disclosure and their ability to seek support with personal difficulties, *"it's difficult for people to do something about it like phone up Childline or something like that. To actually say they have problems it might be difficult to get it out"* (FG6)

Another apparent draw to Google was that employing this search strategy provided anonymity, “something you haven’t added to say you went to Google like there is no proof you were on it” (FG5). The anonymity afforded by Google seems to mitigate the gender-based restrictions to emotional expression and problem sharing that many participants described. Google offers high levels of privacy derived from the ability to search anonymously and in a solitary manner:

“I always do that like I always just Google it. I wouldn’t go through Facebook or anything but I would just Google it sure no one is going to see it unless they’re in your phone or history then ya remove that as well” (FG7)

Despite the dominance of search engines as a preferred method, participants also discussed a number of other search strategies that they were aware of. These included using community-driven, commercial, wiki based question and answer websites (e.g., Yahoo Answers; WikiAnswers); looking for videos relating to specific issues on YouTube; using social networking sites like Facebook to identify useful websites relating to a problem (*“Yeah Fb, aye...the like page and get the numbers or something”*, FG2) or using information provided about MH phone lines on television.

A number of strategies for assessing the quality of online information about MH were discussed across all groups except Focus Group 1. The main approaches that were outlined included comparison of information and/or sites as exemplified in the following extracts, *“I’d check a few different ones”* (FG2) and *“you would go down a couple and then if they have all got the same answer then that’s usually your answer”* (FG7)

Another factor that was cited as important in terms of evaluating the quality of information provided by search engines 'hits' was the position on the results page, *"I usually go for the top ones"* (FG3). Participants identify that being at the top of the page implies the most views, however, in the following exchanges they offer various interpretations for how or why this represents a sign of quality:

Researcher: "...how do you decide which link to hit [on a Google search result page]?"

"[I go for] The first normally...Google tells ya...puts it first for a reason. Most viewed" (FG7)

"Yeah, first one is usually the best for a reason, like cause everyone has actually used it or give it good reviews" (FG7)

These primary strategies of comparison and prioritising results at the top of a Google search simply due to the frequency of views seem haphazard and even arbitrary, however, other factors were cited by some participants as important for evaluating which links to select for further viewing and the quality of information. These included: evaluating the amount of initial information displayed with the result; using visual indicators (e.g., the appearance of web pages; recognisable logos) and noting whether or not they were 'official' in terms of being from reputable/known organisations as per the stimuli. As such, half of the focus groups (1, 2, 3 and 8) cited official websites as more reliable for obtaining good quality information,

“...official websites are probably the best one to get information from cause the information is usually reliable” (FG1)

In summary, this theme illustrates a number of strategies that these young men employ to assess the quality of online MH information. These include comparative strategies, evaluating the positioning of links on the results page and appraising the general appearance of websites/information. However, what seems apparent is that while some discrimination is being employed when selecting which search engine results to follow up, there is a lack of understanding amongst these young men as to what constitute indicators of quality and how they should go about assessing the quality of websites and the information that they provide. Moreover, participants appear to express what could arguably be described as a ‘blind faith’ in Google as a filter that will perform some element of evaluation for them. Nonetheless, there is evidence of some level of discernment from these groups in terms of weighing up which websites are of good quality and therefore worth investigating further.

Theme two: Pathways for help seeking

This theme encapsulates two distinct routes or pathways for online help seeking that can be seen in the group narratives: ‘Informal online help seeking’ and ‘Formal online help seeking’

- Pathway One: Informal online help seeking

Participants described one pathway involving personal support networks accessed online. This pathway therefore involves an individual’s social network and most

discussions were around disclosing emotional difficulties and personal problems to friends, both online and offline.

A number of benefits that may facilitate online disclosure of personal difficulties were apparent within this pathway: it affords ease of access and therefore immediacy, while also increasing the individual's ability to manage the process of disclosure. These features were seen as facilitating emotional expression and the likelihood of divulging personal problems. For example, it was generally felt that personal information was easier to reveal online or through the medium of written text, *"I'd say probably telling someone online is easier"* (FG1) or *"Ya can say more behind a keyboard than face to face"* (FG8)

Another apparent benefit included the absence of perceived judgement from others in response to the material that might be revealed. This was attributed to a lack of face to face contact leading to an inability to see or evaluate another person's reaction to the material:

"It wouldn't be as hard to tell them something online...if you had to tell someone something really serious offline you might get put off by the way they reacted or something...I don't know...but if you're telling them [online] you don't have to worry about any of that you just look at a computer" (FG1)

These features were seen as mitigating possible embarrassment and therefore facilitating disclosure:

"it's easier to talk about it online cos it's less personal and you might feel a little embarrassed...also admitting that there's something wrong"

with you in person might be hard to do when you're online you don't feel the pressure of doing it" (FG1)

The above extracts indicate that this route reduces pressure, which in turn may reduce discomfort and facilitate expression and disclosure. Informal pathways would therefore seem to offer gains in terms of disclosure and image management, with participants having the power to decide whether or not to reveal personal information online, when to do this, and the level of disclosure that they are comfortable with.

Nonetheless, caveats to informal pathways were discussed, including a preoccupation with the lack of control that participants have over personal material once it has been disclosed online, leading to concerns over a lack of confidentiality, *"If you tell someone online and say it's something really bad, they can just screen shot it to everybody...if you're offline and you see someone, you can see how they're reacting and stuff" (FG1).*

The gains afforded by this route to help seeking therefore seem overshadowed by the fact that the disclosure statement, when delivered, is immediately beyond the control of the originator as the text may be copied or reproduced at will. Thus the very features of online disclosure via this pathway that give rise to benefits of ease of access, immediacy and image control, therefore facilitating disclosure, also present a risk in terms of confidentiality given that this is within the context of an individual's social network. So while it is perhaps easier to disclose via informal pathways, it is potentially unsafe to do so in case personally damaging material is 'leaked'. By choosing to disclose via this pathway, participants are effectively concurrently gaining and losing control over the disclosure process, representing a paradox. For

this reason, trust was cited as paramount in facilitating informal online pathways for help seeking, *“If you’re disregarding the trust issue then it’s [disclose online] pretty easy to do but though cause you can tell anybody anything if you can trust them”* (FG1).

In summary, this theme clearly demonstrates the palpable double bind in which these young men find themselves: informal online help seeking pathways appear to facilitate emotional expression and disclosure of personal issues to some degree on the one hand, but also limit it on the other due to confidentiality concerns. The data therefore illustrate that this type of pathway can provide a beneficial level of control and management of the disclosure process, but that the very features that support disclosure (ease of access, immediacy, written disclosure as opposed to verbal), can paradoxically also serve to discourage it.

- Pathway Two: Formal online help seeking

An alternative pathway for help seeking can also be seen in the focus group data. The stimulus of the four organisations gave rise to discussions around routes to information and support that involved professional organisations rather than an individual’s social network.

This pathway also exhibits the facilitating features associated with informal pathways (e.g., written medium of expression; ease of access; immediacy; disclosure and image management). However, participants identified a number of additional features which may contribute to formal pathways representing a viable alternative for young men to seek support. For example, anonymity and confidentiality were aspects that featured significantly in facilitating engagement and disclosure via

formal pathways, *“website ya know ya don't have to sign up to all anonymous like to ask a problem no personal details no email address”* (FG5)

Formal pathways also appear to mitigate issues of trust associated with informal pathways, thus making this route a more feasible opportunity for safe disclosure and support, *“if you're embarrassed go online... I think it's an easier way of doing it cause the reason [you] would not want to tell someone is because you don't want everyone to know about it”* (FG1)

An important feature described in the extracts above is that formal pathways operate outside an individual's social network, and this characteristic seems to afford a greater level of image control and embarrassment reduction, potentially facilitating problem disclosure (*‘Ya can talk about anything cause ya don't know them’*, FG8). Another beneficial element is that formal routes represent an opportunity to discuss personal difficulties with a professional but still in an anonymous environment, *“you're still talking to a professional but at least you don't have to say who ya are and where you're from”* (FG1)

The advantage of anonymity, combined with the additional benefit of knowing that these are professional services from well-known organisations, meant that online support services such as those presented via the stimuli were seen as gateway services for the young males who participated. Information provided in formal pathways could aid self-diagnosis and inform a decision making process when determining whether to seek professional help as well as being able to offer an undetectable source of information for where to seek further help if necessary. This

highlights the importance of online services as a first point of contact for those seeking information and/or support:

“Some websites have like a chat room where you can talk to a professional and they could book you an appointment or something. That would be better cause that would help you along your way...to see your G.P.” (FG1)

In summary, by choosing to disclose via formal pathways, individuals improve levels of control and management of the disclosure process, and of their image, as personal information is revealed in confidence. As such, formal online help seeking pathways have the potential to facilitate emotional expression and disclosure of personal issues in these adolescent males due to the additional levels of trust ascribed to their professional nature and the fact that they are not part of an individual's social network.

Discussion

The thematic analysis of the focus group data depicts male adolescent online help-seeking as a multi-faceted phenomenon filled with contradiction and driven by ease of access, privacy and the need to minimise social stigma.

Searching online for health information appears a trend which is continuing to gain momentum (Best et al. 2014). This was often presented as a solitary act with varying attached motivations, such as self-diagnosis, gathering additional information on illness, including those that are stigmatising and/or embarrassing. While the process was portrayed as empowering, it was apparent that less scrutiny is given to

assessing the quality of material accessed online, thus calling into question its reliability and validity. In general, the research team found that participants were too trusting of content published online and this appeared to negatively influence their search strategy and the identification of appropriate online content. As a result, participants may be at risk of misdiagnosis or choosing an inappropriate treatment option.

The theme *search strategies* illustrate a variety of strategies that were employed by these young men in order to search for information and then evaluate its quality. There was an overwhelming preference for commercial search engines, primarily Google, which was considered to be reliable and a trusted source of information. The majority of groups believed the appropriateness of a resource was linked to the rank order in which it was displayed and few participants recalled accessing the second page of search results. As search engine results are determined by a number of factors (some of which are commercial) this method is arguably inadequate (Best et al. 2013). In spite of this, the speed of access, availability and anonymity provided by search engines placed them firmly as the first step of the online help-seeking process for group participants. One factor that is therefore arguably essential to consider is health literacy and support's Prensky's (2009) supposition that digital natives are not necessarily digitally 'wise'. This would seem to play a key role in how participants access health resources online and may ultimately determine the advice taken and acted upon.

Adolescent male preferences for online services can be explained across all health service utilisation factors (see Andersen, 2008) yet the extent to which online services have kept up with this growing demand (i.e. enabling factors) is a cause for concern. In order to plan and develop effective online services we must increase our

understanding of the online help-seeking process. Consistent with previous research (Harland and McCready, 2012), findings here suggest that following a stressor, male help-seeking decisions may be based on issues relating to perceived stigma. As online help-seeking methods described here appeared to lessen stigma and offer greater anonymity, they may be selected over offline help-seeking as a suitable strategy. Once embarked on this path young males may choose either formal or informal online help-seeking strategies, assessing the risks and benefits associated with each.

Accessing support through informal support networks is a historically common practice among individuals and groups (Rickwood and Braithwaite, 1994). Spurred by popularity of social networking sites, technology has allowed for an increase in access, availability and speed of informal help-seeking practices. Nevertheless, it is not yet clear whether this has translated into more frequent help-seeking exchanges among young males. Disclosure management was revealed to be a key feature relating to informal support practices online. This refers to an individual's power to decide whether, how much and when to reveal personal facts and feelings. Participants revealed that online disclosure provided adequate time to ponder, plan and reveal personal problems in an accurate and concise format, thus increasing an individual's sense of control over the process. However, a paradoxical characteristic of informal pathways is that some of the very features that support online disclosure among social networks (confidentiality or the ability to type rather than verbalise problems) also serve to discourage it. This relates specifically to concerns regarding providing *written record* with which information could be copied and shared without the originators consent.

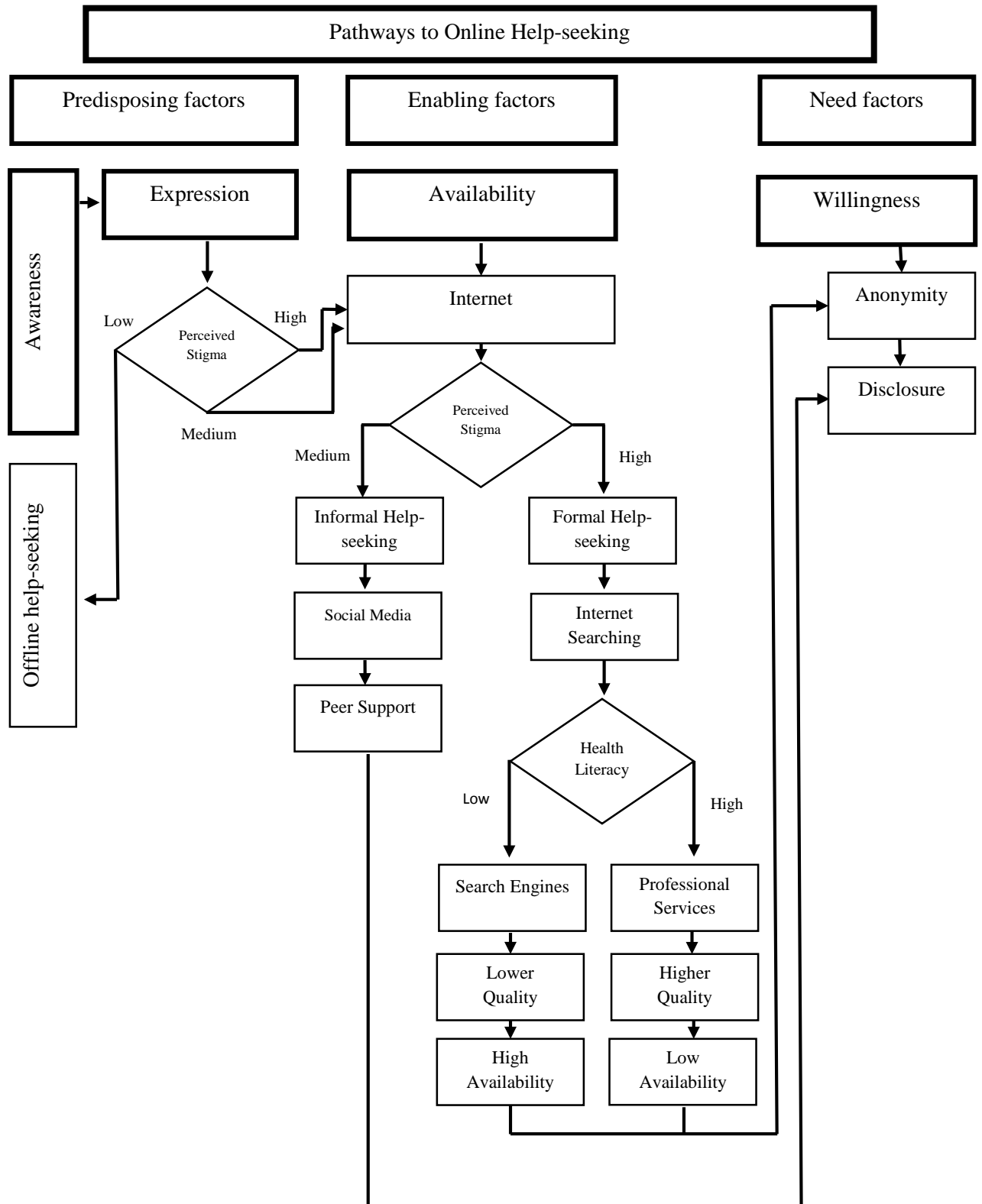
Traditional formal help-seeking resources are often described as help-seeking using professional services (Rickwood and Braithwaite, 1994). This is viewed as an independent activity that does not require (nor desire) the input of informal resources such as friends and family. As such, formal online help-seeking (i.e., seeking support or advice outside of one's social network) protects personal identity, increases anonymity and provides a low risk of social stigmatisation. This approach has the potential to address the trust issues present within informal online help-seeking and could offer a more viable opportunity for safe disclosure and support.

While professional online services may provide a viable opportunity for young males to seek support by providing confidential and anonymous facilities, these services should not be developed in isolation. In some instances, online web-based support services were viewed as a gateway service for young males by providing an initial positive introduction to help-seeking, which highlights the importance of online services as a first point of contact for those seeking information or support. There is arguably a tension here between the need for online services with effective links to offline services while at the same time protecting anonymity of users. The limits of confidentiality, especially with the age group accessed in the current study, present an ethical dilemma as emergency protection procedures cannot be mobilised if an anonymous user presents as at risk of serious harm. On the other hand, if a user is in immediate distress and subject to the factors illustrated in the analysis presented here, the process of registering personal details may discourage engagement. This poses a potential problem for the development of any online mental health service. Organisations may wish to consider introducing an anonymous emergency chat facility to encourage greater uptake by young males.

Pathways to online help-seeking

Using the data collected here and building on the work of Rickwood et al (2005) and Andersen (2008) in relation to help-seeking and health service utilisation, online help-seeking offers additional pathways relevant at the expression, availability and willingness stages. This newly developed framework of online help-seeking is illustrated in figure 1. Using this model, one may surmise the safest path to effective online help-seeking (and thus mental health support) is through formal online support mechanisms available via professional services, as this option offers the lowest risk in terms of quality of information. However, somewhat paradoxically, this path is perhaps the least used by young males due to the limited number of online professional resources, as well as a lack of knowledge and awareness of existing services. Regrettably, it is more likely that young people will choose to locate information via search engines, resulting in a higher risk of locating poor advice or support.

Figure 1: Pathways to online help seeking: A conceptual model



Informal online help-seeking presents an opportunity to gain social support from one's social network. As all communication is based online it has various stigma-reducing benefits which can facilitate disclosure. While both formal and informal help-seeking will reduce the influence of social stigma it is important to note that these processes are slightly different. Formal help-seeking seeks to remove stigma as a factor by eliminating the need to disclose identifiable information in order to seek (or receive) help. Informal help-seeking reduces rather than eliminates social stigma by offering young males an opportunity to disclose without the pressures associated with face-to-face contact. As the anonymity and confidentiality benefits associated with formal online help-seeking are no longer present, trust plays an important part in the decision to seek help through informal processes. Informal online help-seeking may be beneficial for mental well-being as individuals are less burdened by societal stigmatisation. Yet the risks associated with the disclosure of personal information may dissuade young males from full disclosure. It is also worth considering that the health advice received from informal support networks may be of variable quality.

Strengths and Limitations

This study used novel techniques to explore online help-seeking among a hard-to-reach population of adolescent males. The sample covered a wide range of educational levels and socio-demographic backgrounds and thus is broadly representative however, it is recognised that the study cannot claim representational generalisability. Nonetheless, it can offer *theoretical transferability* (Smith et al. 2009, p. 51) whereby findings can be related to professional knowledge and the extant literature in order to provide implications for practice. Future research would do well to further examine these issues with older, mixed gender sample populations.

Conclusion

Historically, health services providers have experienced adolescent populations, and particularly adolescent males, as a 'hard to reach' group. The growth and popularity of online technology now offers an opportunity to overcome this problem. Inherent features of accessibility, immediacy and anonymity are real advantages of online help-seeking for young people. However, one significant drawback is the absence of any quality filter of online web-based information. Given their relative immaturity and naivety, adolescents are particularly at risk of absorbing inaccurate or poor quality information. The promotion of digital wisdom is therefore vital to the effective utilisation of online support. It is argued that online technology, in a climate of resource cuts and at the same time rising mental ill-health amongst young people, can offer a partial solution to meeting the mental health needs of this vulnerable population. Finally, in order to assist stakeholders to understand and implement effective online services, a conceptual model is provided below to encapsulate the complexity of factors and their interplay in male adolescent online help-seeking.

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